

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

91980265

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT											
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1						51									
2		1					52									
3							53									
4		2					54									
5		1					55									
6		1					56									
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BEST AVAILABLE COPY